

DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

Request for Correction/Amendment of Protected Health Information

5 U.S.C. 522a(d) and 45 C.F.R. 164.526

Patient Name: _____

Date of Birth: _____

Patient Record Number: _____

Patient Address: _____

Date of entry to be corrected/amended: _____

Information to be corrected/amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?
Use additional sheets if needed and attach to this form.

In the event that IHS grants your request, in some situations where IHS previously disclosed the disputed record, IHS is required by law to notify the recipient of the corrective action taken. In addition, subject to your agreement IHS will make reasonable efforts to provide the amendment to other persons who IHS knows received the information in the past and who may have relied, or are likely to rely, on such information to your detriment.

☐ I agree to allow IHS to release any amended information to individuals or entities as described above.

Would you like this amendment sent to anyone else who received the information in the past?

☐ Yes ☐ No If yes, please specify the name and address of the organization(s) or individual(s) below.

Signature of Patient or Legal Representative
(If Legal Representative signs, state relationship to patient)

Date

For Indian Health Service Use Only: Date Received: _____

Amendment has been ☐ Accepted ☐ Denied

If denied, check reason for denial:

- ☐ PHI is not part of the patient's designated record set
☐ IHS did not create record
☐ Record is not available to the patient for inspection under federal law
☐ Record is accurate and complete

Signature of Service Unit Director or Designee

Date

Comments of Healthcare Provider (if applicable)

Signature of Healthcare Provider (if applicable)

Title

Date

Instructions for completing IHS Form 917
Request for Correction/Amendment of Protected Health
Information (PHI)

1. Print legibly in all fields using black ink.
2. Sign and date the request.
3. Submit the completed and signed form to the Service Unit Director.
4. You will receive a photocopy of your completed form, as an acknowledgement of receipt of your request, no later than 10 business days after IHS receives your request.
5. You will be notified of the acceptance or denial of your request.
6. If your request is accepted, IHS will follow its policy for amendment or correction of health information by informing you and notifying others. If you are a U.S. citizen or alien lawfully admitted for permanent residence, IHS is required by law to notify any previous recipient of the record in question of the corrective action taken, if IHS made an accounting of such disclosure. In addition, regardless of your citizenship status, subject to your agreement IHS will make reasonable efforts to send any amended or corrected information to anyone who IHS knows received this information in the past and who may have relied or is likely to rely on such information to your detriment. IHS will also make reasonable efforts to send the correction or amendment to those individuals or entities/organizations you identify and who have a need for the correction or amendment.
7. If you are not a U.S. citizen or alien lawfully admitted for permanent residence, and your request is denied, you may do the following:
 - a. Submit to the Service Unit Director a one page written statement disagreeing with the denial and the basis of such disagreement.
 - b. If you do not submit a statement of disagreement, you may request that IHS provide this request for correction or amendment (or summary) and the denial with any future disclosures.
 - c. IHS has the right to prepare a written rebuttal to any statement of disagreement. You will be provided a copy of any rebuttal statement. Any written rebuttal prepared by IHS is not subject to correction or amendment.
8. If you are a U.S. citizen or alien lawfully admitted for permanent residence, you may appeal the refusal to correct or amend the requested information to the Area Director. In the event your appeal is ultimately denied, or if you elect not to appeal, you may submit a statement of disagreement or request as described in 7(a) and 7(b) above. In addition, if your appeal is denied, you may seek judicial review of the decision.
9. If you have a complaint about IHS' policies and procedures regarding health information, you may file such a complaint with the Service Unit Director or with the Secretary, Department of Health and Human Services, Washington, DC 20201.

(Stamp, print or apply label with Service Unit Address, SUD's Name & Title,
and Telephone # or Area information if applicable)

10. This form and subsequent information pertaining to this request will become part of your permanent health record.